

**Date:** \_\_\_\_\_

**To:** DPS/ACCT

**Fax:** 602-223-2947

**From:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Is fingerprint clearance card # \_\_\_\_\_ issued to:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ a valid card?

**DPS response:** ☐ Yes ☐ No

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Also, please update employer and sponsor information to reflect:

**Employer:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sponsor:** Arizona Department of Health Services  
Office of Child Care Licensing  
150 N. 18th Avenue, Ste. 400  
Phoenix, AZ 85007

**Legal Authority:** A.R.S. §.36-883.02 for offenses listed in section 41-1758.03, subsection B and  
A.R.S. § 36-897.03 for offenses listed in section 41-1758.03, subsection B or C

to ensure we will be included in the notification process if the card is suspended in the future.

Please fax completed form back to fax number: \_\_\_\_\_

**ATTN:** \_\_\_\_\_

**DPS/ACCT USE ONLY** \_\_\_\_\_

(Completed by / Date / Badge)